TO:

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### Starkweather & Associates

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9035 South 1300 East, Suite 200 Sandy, UT 84094 Ph: (801) 272-8368 Fax: (801) 748-1030

SEP 0 1 2005

DATE: September 1, 2005
FAX #: 1-571-273-8300, Art Unit 3634

FROM: Diann Herring, Assistant to Michael Starkweather

RE: Response to Office Action due on September 24, 2005

Examiner Jennifer Eleanore Novosad

Number of Pages including cover page: 19

Docket No. 3158.2.2 NP
Client David B. Udy
Serial No. 10/648.581 Filing Date 08/25/2003
Assignee/Mark HandiSolutions, Inc.
Date Faxed September 1, 2005
Please acknowledge receipt of:
Application Pages
□ Provisional □ Design □ Cont. □ Div. □ RCE
□ Utility Total Claims Indep Claims
□ DrawingsSheetsFigures
□ Assignment □ Cover Sheet □ Fee
Certificate of Transmission
Credit Card Payment Form, PTO-2038, for \$ 3.50
Fee Transmittal
Copy of Signed Fee Transmittal
Transmittal Letter or Form
Declaration and Power of Attorney
□ IDS, □ Form SB/08 or 1449 □ References
Issue Fee Transmittal     Maintenance Fee Transmittal     Year
☐ Maintenance Fee TransmittalYear ☐ Request for Certification for Non-Publications
Response to Office Action
Affidavit
Amendment
Extension of Time Petition Months
C ATTORNEY, BONG 24 441

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### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): DAVID B. UDY

SERIAL. NO.: 10/648,581

FILING DATE: 08/25/2003

TITLE: TOOL HOLDER AND METHOD

**DOCKET NO.:** 3158.2.2 NP **ART UNIT: 3634** 

**EXAMINER:** JENNIFER **ELEANORE NOVOSAD** 

> RECEIVED **CENTRAL FAX CENTER**

**CERTIFICATE OF TRANSMISSION** 

I hereby certify that this correspondence is being facsimilie transmitted to the U. S. Patent and Trademark Office, Fax No. 571-273-8300, Art Unit 3634 September 1, 2005

Diann Herring or Gaylene Brown

Director of the USPTO P.O. Box 1450 Alexandria, VA 22313-1450

### TRANSMITTAL LETTER

Dear Sir:

Enclosed herewith are the following documents:

- Response to Office Action due 9/24/2005
- Certificate of Transmission (above)
- Fee Transmittal Form
- Copy of Signed Fee Transmittal Form
- PTO-2038 Credit Card Payment Form

Respectfully submitted,

Michael W. Starkweather, No. 34,441

Dated: August 31, 2005

9035 South 1300 East Suite 200

Sandy, Utah 84094

PAGE 2/22 \* RCVD AT 9/1/2005 6:31:16 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/30 \* DNIS:2738300 \* CSID:8017481030 \* DURATION (mm-ss):04-36

PTO/SB/17 (12-04v2)  Approved for use through 07/31/2008, OMS 0851-0032  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMITTEE										
Effective on 12/06/2004.				Complete If Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (M.R. 4818).			· I Δn	plication Numbe	er 10/0	648,581				
FEE TRANSMITTAL			- Fill	ing Date	08/25/2003					
For FY 2005			Fin	nevni bernaM ta	tor Day	/id B. Udy				
Applicant claims small entity status. See 37 CFR 1.27				aminer Name	Jen	nifer Eleanore	Novosad			
		See 37 CFR 1.27	Art	Unit	363	3834				
TOTAL AMOUNT OF PAYMENT (\$) 250.00			Att	omey Docket N	o. 315	8.2.2 NP				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: Deposit Account Name:  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  WARNING: Information on this form may become public, Credit card information should not be included on this form, Provide credit card										
Information and authorization on I	PTO-2038.									
1. BASIC FILING, SEARCH	L AND E	XAMINATION FEE	-8							
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2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each Independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  37 Extra Claims  Fee (\$) Fee Paid (\$)  Multiple Dependent Claims  Total Claims  39 - 20 or (II) = 2 x 25 = 50  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)										
Non-English Specification			tity disco	ount)		•	0			
Other (e.g., late filing su	icharge)						0			
SUBMITTED BY							2 2 21			

Mechael 1. You hallather Registration No. 34,441 Telephone 801-272-8368 Name (Print/Type) Michael W. Starkweather Date 31 August 2005

This collection of information is required by 37 CFR 1,136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for educing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. 8END TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-900-PTO-9199 and select option 2.

# RECEIVED (THU) SEP

SEP 0 1 2005

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006, OMB 0651-0032

Under the Paner	work Reduction Act of	1995 no ners	ons are required to	U.S. P respond to a coll	atent and Tra ection of infor	demark Offic mation unles	a; U.S. DEP s ii displava :	ARTMENT OF COMMERCE A valid OMB control number		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL					Comple			te if Known		
				Application	Application Number 10/64		3,581			
	Filing Date				/2003					
For FY 2005				First Name				B. Udy		
				Examiner N	lame	Jennifer l	Eleanore i	Novosad		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3634				
TOTAL AMOUNT OF PAYMENT (\$) 250.00 At					ocket No.	3158.2.2				
METHOD OF PAYMENT (check all that apply)										
Check ✓ Credit Card Money Order None Other (please identify):										
	Deposit Account Deposit Account Number:									
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FEE CALCUL	ATION									
1. BASIC FILI	NG, SEARCH, A	ND EXAMI	NATION FEES							
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2. EXCESS C						•		Small Entity		
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Total Claims	37 Extra C	<u> Ilaims</u>	Fee (\$) Fe	o Paid (\$)		Mu	itiple Dep	endent Claims		
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_	niber of independent c	laims paid for,	If greater than 3.							
3. APPLICATION If the specific	ON SIZE FEE ation and drawin	as exceed !	INA sharety of no	mer (evoludir	na electron	ically file	d sequenc	se ar compuler		
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x = 0										
4. OTHER FEE(S)										
Non-English Specification, \$130 fce (no small cutity discount)										
Other (e.g., late filing surcharge):										
UBWITTED BY							-			
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ame (Print/Tune)	Minusel W Starton		The state of the s	TOTTO THE PARTY NAME OF			Date 31 Au			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the includuat case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SEP 0 1 2005

PATENT APPLICATION Docket No.: 3158.2.2 NP

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): David B. Udy

App. No.: 10/648,581 Art Unit: 3634

Filing Date: 08/25/2003 Examiner: Novosad, Jennifer Eleanore

For: TOOL HOLDER AND

METHOD

### RESPONSE TO OFFICE ACTION

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

In response to the Examining Authorities Written Action, mailed June 24, 2005, applicant respectfully submits the following amendments and remarks.

09/02/2005 TL0111 00000011 10648581

01 FC:2201 02 FC:2202 200.00 OP 50.00 OP